Indiana Tobacco Prevention and Cessation Agency

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Annual Report

2000 - 2001

Section 1

Greetings

Each year approximately 10,300 Hoosiers will die from tobacco use.

Greetings from the Indiana Tobacco Use Prevention and Cessation Executive Board

Letter from the Chairman

Bain J. Farris

Our state is faced with many challenges to improve the health of all Hoosiers. One of the biggest challenges is to reduce the burden that tobacco use places on the health and economic well being of our state.

Indiana ranks in the top ten states for smoking rates in the country with over one out of every four adults continuing to smoke. Tobacco use remains the leading cause of preventable death in Indiana. Indeed, our overall success in improving the health status of Hoosiers depends on our ability to drive down our high tobacco use rates.

The good news is that for the first time our state has the resources available to address this problem as the result of the decisions of the Indiana General Assembly and Governor Frank O'Bannon. In March of 2000, the General Assembly dedicated $35 Million toward the development of a comprehensive tobacco control program modeled after other state programs that have proven successful in reducing tobacco use rates. Senate Enrolled Act 108 (SEA 108) was signed into law in March 2000 by Governor O'Bannon, thus establishing the Indiana Tobacco Use Prevention and Cessation Executive Board. Again in 2001, the General Assembly dedicated an additional $30 million over the next biennium to address tobacco use prevention and cessation efforts statewide. Indiana has received national attention as a model state in the dedication of appropriate funding to tackle the state's leading cause of preventable death and disease.

As chair of the Executive Board, I am pleased to report the progress we have made this past year in setting up our board, hiring staff, and developing the criteria and accountability mechanisms to fund a variety of initiatives. These initiatives are designed to reduce the human and financial costs that tobacco use places on Indiana. Based on the mission and 2005 objectives of the Executive Board, we are partnering with public and private organizations, agencies and entities to reduce tobacco initiation among young people and to help tobacco users who are ready to quit. Additionally, we are partnering with minority organizations, entities and businesses to make progress toward eliminating health disparities related to tobacco use.

This report highlights our efforts for the first twelve months of the program. Only through a coordinated statewide effort that reaches every community in Indiana will the tobacco use rates for Hoosiers be reduced.

On behalf of the Executive Board, I look forward to working with you to improve health for all Hoosiers through our efforts to reduce tobacco use.

Greetings from the Indiana Tobacco Prevention and Cessation Agency

Letter from the Executive Director

Karla S. Sneegas, M.P.H.

Tobacco use exacts a heavy toll on Indiana. Every day, 28 Hoosiers die from the consequences of tobacco use. Every hour, three more Hoosier children start smoking. Both children and adults suffer from the consequences of secondhand smoke. And every year, our state is faced with mounting health care costs directly related to tobacco use. Behind each of those statistics are Hoosiers of all ages. These statistics are real sisters, mothers, fathers, brothers, aunts, uncles, daughters and sons.

Our state's leaders have provided the financial resources necessary to address tobacco use in Indiana. The Centers for Disease Control and Prevention set forth recommendations in the Best Practices for Tobacco Prevention and Control for minimum levels of funding necessary to accomplish a comprehensive tobacco prevention and control program. Indiana is one of the few states making the investment to meet these minimum guidelines providing us with the opportunity to make significant changes.

As Executive Director, I am pleased to report the progress we have made this first year to establish the necessary infrastructure to put these resources to work in communities throughout all of Indiana. At the close of our first year we have:

- Allocated funds to the Indiana Alcohol and Tobacco Commission to increase the enforcement of Indiana's youth tobacco access law
- Selected an advertising agency to begin a media campaign in September 2001
- Initiated the application process to fund local community-based partnerships in all 92 counties
- Initiated the application process to allocate $2.5 million for local minority-based partnerships to address health disparities in Indiana, and
- Started the process to select an evaluation and research coordinating center.

All funding decisions are directly linked to the Tobacco Use Prevention and Cessation Executive Board's mission statement, 2005 program objectives, and evaluation principles.

In keeping with an evidenced-based approach, the Tobacco Use Prevention and Control Executive Board has designed a Hoosier Model that will be closely monitored and evaluated for impact. Included in this report is an explanation of our own Indiana model for a comprehensive tobacco prevention and control programs. Our program includes strategies that have been successfully demonstrated to reduce tobacco use among youth and adults in other states.

Section 2

Background

Each day in Indiana, 28 people will die from tobacco use.

Tobacco Use Burden on Indiana

Tobacco use is the single most preventable cause of death and disease in the United States. Annually cigarette smoking causes more than 430,000 deaths in the nation, killing more people than alcohol, AIDS, car accidents, illegal drugs, murders and suicides, combined. Of these deaths, approximately 39% are due to cancers, 45% to cardiovascular diseases and 23% to respiratory diseases[1]. Tobacco costs the United States an estimated $50-$70 billion annually in medical expenses alone.

The impact of tobacco on the nation is staggering. Even more alarming is its impact in Indiana. Each year approximately ***10,300 Hoosiers will die from tobacco use***. This translates to ***28 persons each day, or 1 Hoosier each hour***. Not only is tobacco costing Indiana lives, it's costing Hoosier residents more than $1.2 billion each year in medical costs related to cigarette smoking.

Information on the next several pages illustrates this ***Burden of Tobacco in Indiana***.

Indiana has the 4th highest smoking rate in the U.S.

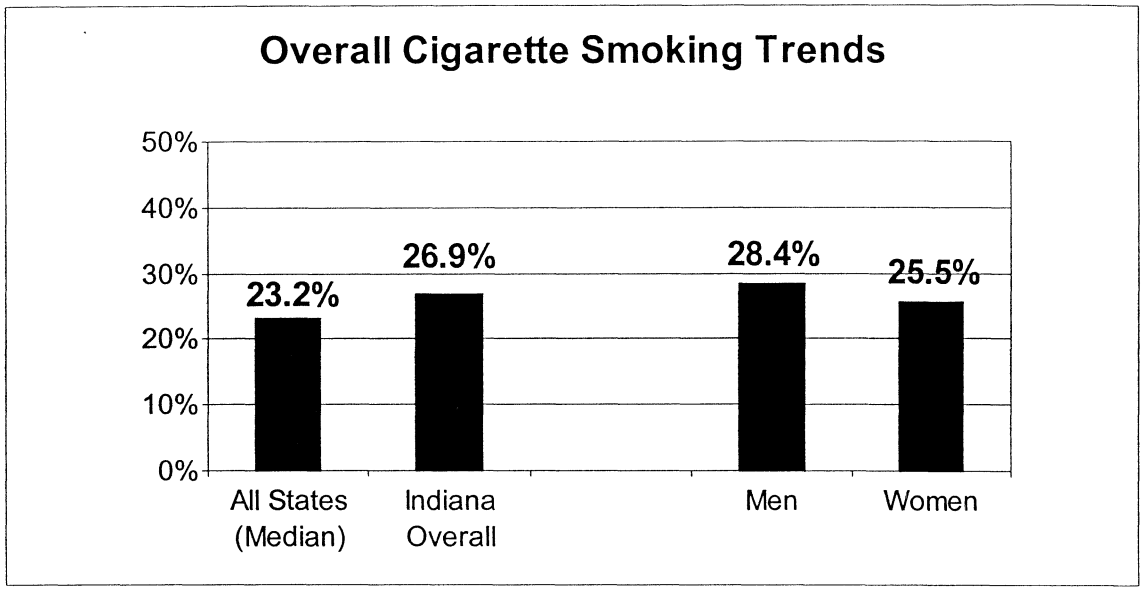
Rank	State	Smoking Rates
1	Kentucky	30.5%
2	Nevada	29.0%
3	Missouri	27.2%
4	***Indiana***	***26.9%***
5	Ohio	26.2%
6	North Carolina	26.1%
7	West Virginia	26.1%
8	Tennessee	25.7%
9	New Hampshire	25.3%
10	Alabama	25.2%

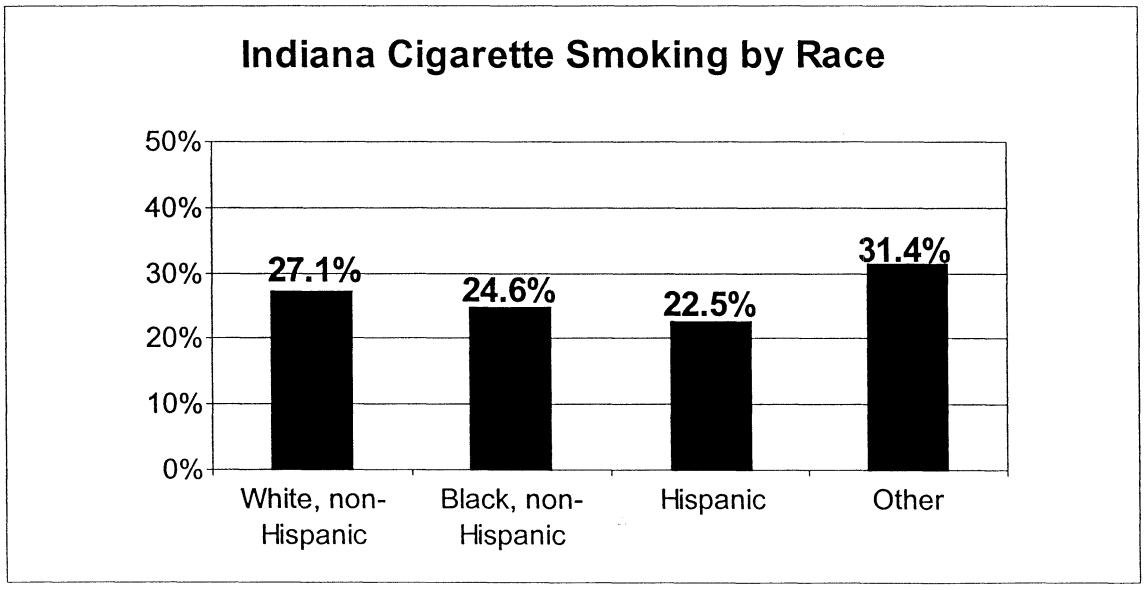
Source: 2000 Behavior Risk Factor Surveillance Survey

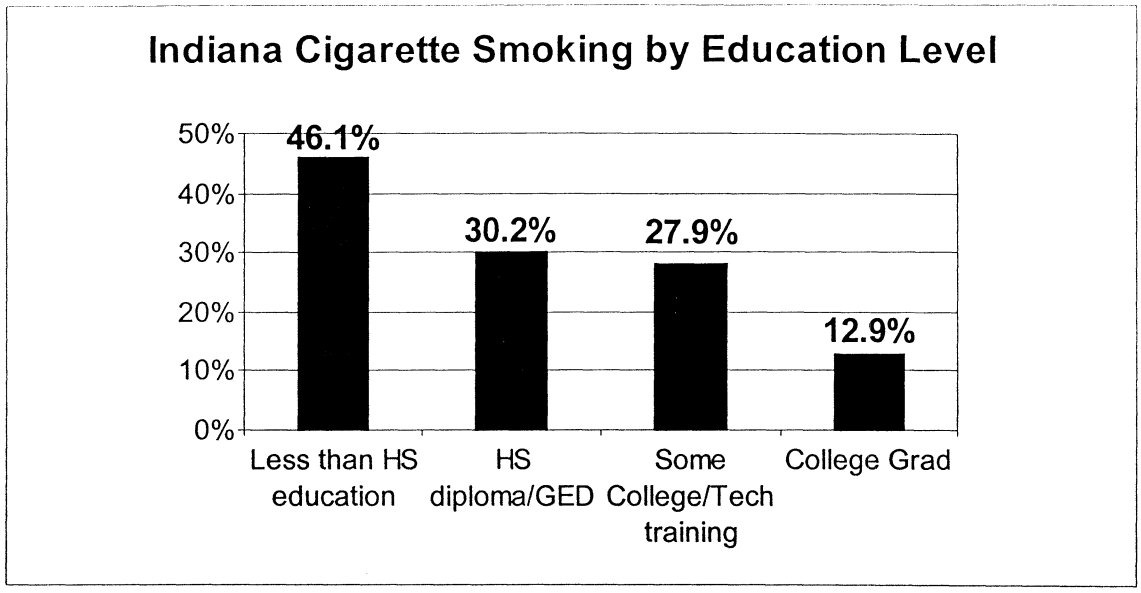
[1] Malarcher A, Chrismon J, Giovino G, Eriksen M. Smoking-attributable mortality and years of potential life lost-United States, 1984. MMWR 1997;46:444-51.

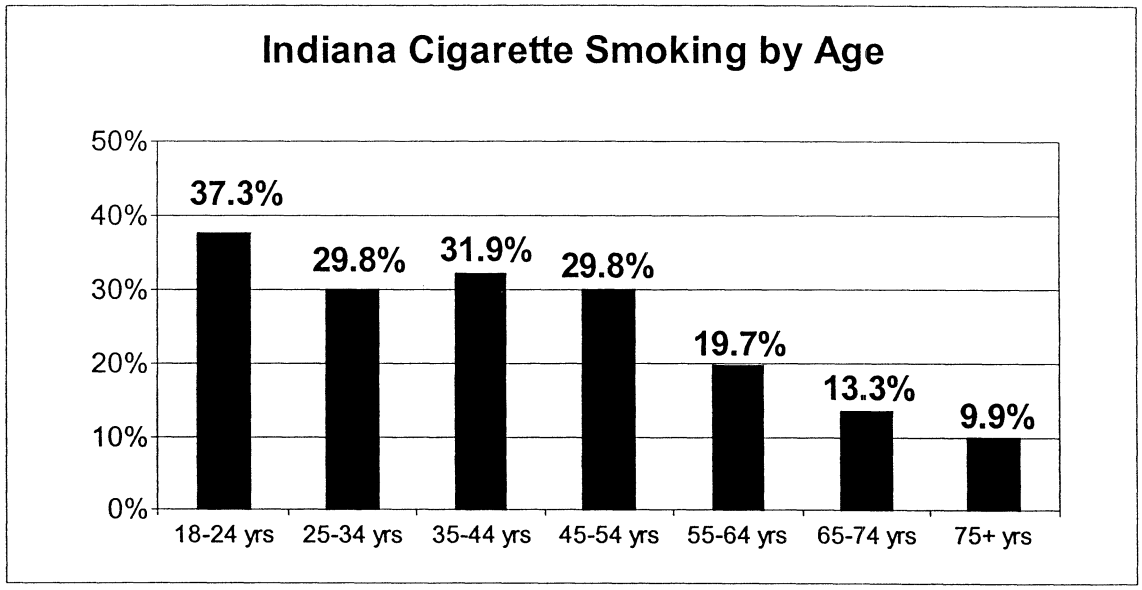
Indiana Adult Smoking Statistics

Data source for all the following charts is the 2000 Behavior Risk Factor Surveillance Survey.






Indiana Cigarette Smoking by Education Level
50%
40%
30%
20%
10%
0%
46.1%
30.2%
27.9%
12.9%
Less than HS education
HS diploma/GED
Some College/Tech training
College Grad


Indiana Cigarette Smoking by Age
50%
40%
30%
20%
10%
0%
37.3%
29.8%
31.9%
29.8%
19.7%
13.3%
9.9%
18-24 yrs
25-34 yrs
35-44 yrs
45-54 yrs
55-64 yrs
65-74 yrs
75+ yrs

Indiana Youth Smoking Statistics

The Indiana Prevention Resource Center at Indiana University conducts an annual Alcohol, Tobacco and Other Drug Use Survey[2]. This survey provides youth tobacco use data for Indiana that can be compared with national data from the Monitoring the Future Survey.

Percentage of Monthly Cigarette Use* by Grade, 1991-2001

Grade	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
6th	10.7	12.9	8.5	10.0	9.3	9.7	9.5	8.2	7.0	5.7	6.0
7th	16.8	16.9	14.5	16.9	17.7	19.0	16.3	14.0	12.3	11.0	9.9
8th	22.0	24.8	21.1	24.2	26.3	27.1	25.8	24.1	19.7	18.2	16.1
9th	22.6	28.4	26.2	29.4	30.8	34.4	30.5	28.9	25.4	24.9	21.8
10th	31.0	31.3	30.4	33.0	34.4	36.7	37.2	33.9	31.5	28.9	27.0
11th	29.9	34.9	33.7	34.4	39.3	40.1	39.2	39.8	37.4	34.1	30.2
12th	34.6	36.2	35.6	37.3	40.6	39.8	41.6	41.6	40.5	38.9	35.1

*Monthly use of cigarettes is defined as at least once in the past 30 days.

In addition to the Alcohol, Tobacco and Other Drug Use Survey, the Youth Tobacco Survey (YTS) is a national survey endorsed by the Centers for Disease Control and Prevention (CDC) and the American Legacy Foundation. This survey was conducted in the fall of 2000 by SmokeFree Indiana and some initial results are listed below. The Indiana YTS will be conducted again in 2002, and alternative years thereafter to produce biannual prevalence rates for youth in grades 6th through 12th.

Current Cigarette Smoking
Indiana vs. U.S.

Grade	*Indiana, 2000*	*National, 1999*
6th to 8th	9.9%	9.2%
9th to12th	31.6%	28.5%

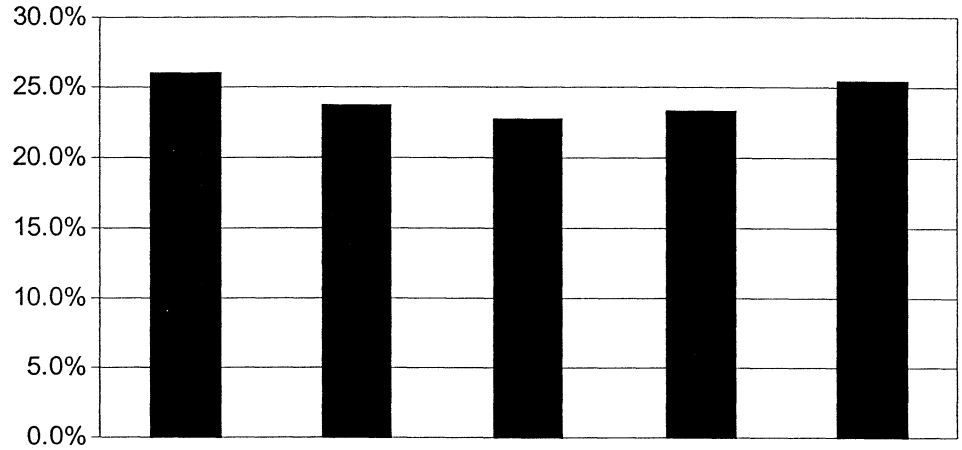
Source: 2000 Indiana Youth Tobacco Survey;
1999 National Youth Tobacco Survey

[2] Results from this study may not accurately reflect the entire youth population across the State. This study does not survey a random sample of schools in Indiana.

Smoking Among Women

Smoking rates among Indiana's women increased approximately 9% from 1999 to 2000, moving Indiana up to the 4th highest smoking rate in the U.S. Currently 25.5% of women in Indiana are smokers[3]. This compares to the national average of 21% for women. These rates are even higher for high school girls as approximately 30% of high school seniors smoke. This rate is the result of nine out of ten women beginning to smoke before the age of 19. In addition each year 260 children in Indiana will lose their mom to smoking[4].

Percent of Women Smokers in Indiana 1996-2000



	1996	1997	1998	1999	2000
Percent	26.0%	23.7%	22.7%	23.3%	25.5%

Source: Behavior Risk Factor Surveillance Survey

[3] 2000 Behavior Risk Factor Surveillance Survey
[4] National Center for Tobacco-Free Kids

Smoking Among Indiana's Pregnant Women

Smoking during pregnancy is associated with poor health outcomes, such as low birth weight and other consequences related to child health and development.

The National Vital Statistics Report, August 2001, reported a national smoking rate of 12.6% for pregnant women[5]. ***Indiana (20.9%) is one of four states with smoking rates by pregnant women at 20% or higher.*** The table below lists Indiana's Counties with the percent of women who reported smoking during pregnancy. These county rates range from 36.9% to 7.7%[6].

Percent of mothers who reported smoking during pregnancy

County	Percent	County	Percent	County	Percent
Adams	11.7	Hendricks	12.5	Pike	26.8
Allen	17.6	Henry	26.8	Porter	17.4
Bartholomew	19.7	Howard	18.9	Posey	22.5
Benton	24.0	Huntington	25.5	Pulaski	22.2
Blackford	30.2	Jackson	26.8	Putnam	27.2
Boone	15.6	Jasper	24.1	Randolph	25.6
Brown	18.2	Jay	17.2	Ripley	26.9
Carroll	14.2	Jefferson	30.8	Rush	27.7
Cass	23.0	Jennings	27.0	St. Joseph	17.1
Clark	22.6	Johnson	18.3	Scott	36.9
Clay	29.2	Knox	30.1	Shelby	30.5
Clinton	21.9	Kosciusko	21.3	Spencer	16.5
Crawford	32.9	LaGrange	10.7	Starke	27.9
Davies	19.9	Lake	16.2	Steuben	25.6
Dearborn	30.5	LaPorte	25.2	Sullivan	27.7
Decatur	29.0	Lawrence	23.8	Switzerland	30.1
DeKalb	28.1	Madison	26.2	Tippecanoe	13.8
Delaware	25.2	Marion	21.0	Tipton	10.2
Dubois	13.3	Marshall	21.8	Union	25.5
Elkhart	19.4	Martin	22.6	Vanderburg	25.2
Fayette	34.4	Miami	31.6	Vermillion	26.8
Floyd	21.0	Monroe	18.6	Vigo	28.2
Fountain	25.0	Montgomery	30.3	Wabash	30.0
Franklin	24.6	Morgan	25.6	Warren	23.5
Fulton	27.8	Newton	29.8	Warrick	20.9
Gibson	25.9	Noble	24.7	Washington	25.0
Grant	26.6	Ohio	30.2	Wayne	29.6
Greene	29.1	Orange	24.1	Wells	20.2
Hamilton	7.7	Owen	30.8	White	24.9
Hancock	16.8	Parke	31.2	Whitley	20.8
Harrison	23.5	Perry	30.0		

[5] This rate of 12.6% includes data from New York and Indiana. The other reported smoking rate was 12.3%. The National Vital Statistics Report excludes Indiana and New York in its trend analyses as these states have not reported smoking among pregnant women until 1999. In addition, the relatively higher rates in Indiana raised the national rate.

[6] As reported on the Indiana Birth Certificate.

The Indiana Workplace

Tobacco not only impacts our families and homes, but also our workplace. A study of the Current Population Survey Tobacco Use Supplement indicates that Indiana ranks 49th out of all states (including District of Columbia) in the number of indoor employees who are covered by an official smoke-free policy in the place of employment. The study documents the trend in the percentage of workers covered by a smoke-free policy in 1993, 1996 and 1999, respectively. Indiana's rates have increased from 34% in 1993 to 52% then 58% in years 1996 and 1999, respectively. Although the percentage has increased, this figure indicates that a number of employees have been overlooked (42%). In addition, other states demonstrate how Indiana lags behind in smoke-free worksite policies.

Prevalence of smoke-free worksite policy coverage among indoor workers, ages 15 years and older, by state rank in 1999

Rank	State	Percent	Rank	State	Percent
1	Utah	83.9	27	New Mexico	67.6
2	Maryland	81.2	28	Illinois	67.1
3	California	76.9	29	Nebraska	67.0
4	Massachusetts	76.8	30	Oklahoma	66.7
5	Vermont	76.6	31	Georgia	66.5
6	Maine	74.9	32	Texas	66.0
7	District of Columbia	74.2	33	Wyoming	65.8
8	New Hampshire	74.2	34	Oregon	65.7
9	Minnesota	73.9	35	North Dakota	65.6
10	Connecticut	73.7	36	Missouri	65.2
11	Washington	73.3	37	Wisconsin	64.3
12	Kansas	72.9	38	South Carolina	64.1
13	Alaska	72.8	39	Louisiana	63.8
14	Colorado	72.5	40	Alabama	63.6
15	Rhode Island	72.0	41	Arkansas	63.0
16	New York	72.0	42	West Virginia	63.0
17	New Jersey	71.9	43	Tennessee	62.9
18	Hawaii	71.4	44	Ohio	62.8
19	Idaho	71.1	45	Mississippi	61.3
20	Delaware	70.1	46	North Carolina	60.7
21	Virginia	70.0	47	Michigan	60.7
22	Iowa	69.6	48	South Dakota	59.7
23	Montana	68.8	49	Indiana	58.1
24	Pennsylvania	68.5	50	Kentucky	55.9
25	Florida	68.4	51	Nevada	48.7
26	Arizona	68.4			

Source: Tobacco Use Supplement to the Current Population Survey, 1999

Smoking-Related Death and Disease

- Indiana has the 8th highest tobacco-related death rate in the U.S. [7]
- Average annual years of potential life lost due to a Hoosier smoking is 13.6 years.
- Of the 10,300 Indiana deaths each year, approximately 2/3 of those deaths are to men.
- Lung cancer death rate for Indiana is 41.8 per 100,000 compared to the U.S. rate of 37.3 per 100,000[8].

Smoking-Related Economic Costs

The economic costs of smoking can include health care costs for treatment of smoking-related diseases, productivity losses due to smoking-related disability days, premature retirement or premature smoking-related deaths, clean up costs for used tobacco products, and the replacement costs for events such as cigarette butt-induced forest fires or residential home fires.

Indiana spends approximately $1.2 billion each year in medical cost related to smoking[9]. This amount breaks down into the following types of services:

- Ambulatory $217 million
- Hospital $380 million
- Nursing Home $432 million
- Drug $63 million
- Other health care $123 million

Currently Hoosiers are spending a large amount on tobacco use due to direct medical expenses, let alone the additional costs that are difficult to measure such as lost work productivity and the maintenance of homes, businesses and community buildings.

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[7] Based on data years 1990-1994. Centers for Disease Control and Prevention. Investment in Tobacco Control: State Highlights-2001. Atlanta GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2001.

[8] 1997 data, adjusted to the 1970 total U.S. population.

[9] Based on data year 1993.

Master Settlement Agreement

In **November of 1998** an agreement was reached between the Attorneys General of 46 states, including Indiana, and the major U.S. tobacco companies. This is referred to as the Master Settlement Agreement (MSA).

The suit was brought against the tobacco companies for:

- **The purpose of recovering state medical costs due to tobacco-related illnesses covered under Medicaid**
- **The recovery of the multiple costs of tobacco companies' illegal marketing to youth.**

Following are the major outcomes of this agreement:

- **The major U.S. tobacco companies are required to pay the states $195.9 billion between now and year 2025.** These payments are indexed to inflation, but will be reduced if the U.S. cigarette sales tax decreases or if the tobacco companies' share of the total U.S. cigarette market goes down.

- **The agreement places no restrictions on how the *states* must spend the settlement funds they receive.**

- **The agreement requires the participating tobacco companies to contribute $300 million annually for five years to a newly created national foundation, the American Legacy Foundation.** This Legacy Foundation conducts a public education program to reduce underage tobacco use and educate consumers about the causes and prevention of diseases associated with the use of tobacco products. Additionally, the tobacco companies' must pay $25 million to the new National Foundation for tobacco use and other substance abuse research.

- **The agreement dissolves the Tobacco Institute, the Council on Tobacco Research, and the Center for Indoor Air Research,** which have all served as propaganda tools of the tobacco industry.

- The agreement imposes **certain lobbying restrictions** on the tobacco companies concerning specific tobacco-control legislation and administration.

- **The agreement settles all claims pending and forthcoming against the tobacco industry** concerning tobacco companies' actions before the MSA.

- The agreement places certain **marketing restrictions** on the tobacco industry, including, but not limited to:

    - **Elimination of tobacco billboards and transit signs**
    - **Prohibition of cartoon characters** to promote tobacco products
    - **Restrictions on name brand merchandise and sponsorships**

Senate Enrolled Act 108

Senate Enrolled Act 108 (SEA 108) was enacted in the Second Regular Session of the 111th General Assembly (March 2000). SEA 108 was sponsored by State Senators Larry Borst (R-Greenwood), Vi Simpson (D-Bloomington), State Representatives Charlie Brown (D-Gary), Mike Murphy (R-Indianapolis) and signed into law by Governor Frank O'Bannon.

SEA 108 created the following five funds:

- Indiana Health Care Trust Fund
- Biomedical Technology and Basic Research Trust Fund
- Indiana Local Health Department Trust Fund
- Indiana Prescription Drug Fund
- Tobacco Farmers and Rural Community Impact Fund
- Indiana Tobacco Use Prevention and Cessation Trust Fund (Tobacco Fund).

The Indiana Tobacco Use Prevention and Cessation Executive Board (Tobacco Board) is

> **...given the oversight over the Tobacco Trust Fund and charged with (1) developing "a mission statement concerning prevention and reduction of the usage of tobacco and tobacco products in Indiana..." and (2) with developing "a long-range state plan, based on Best Practices for Tobacco Control Programs as published by the CDC..."**
> *I.C. 4-12-4*

The Tobacco Board is an agency of the state of Indiana and is given the power to hire a staff to carry out its mission statement and long-range state plan. The Indiana Tobacco Prevention and Cessation Agency was established in January of 2001 when the Executive Board hired Karla S. Sneegas to serve as its Executive Director.

Indiana's Tobacco Settlement Appropriations

Fiscal Year = July 1 - July 1	2000 - 2001	2001 - 2002	2002 - 2003
Tobacco Use Prevention and Cessation Trust Fund	**$35 million**	**$5 million**	**$25 million**
Local Health Departments	$3 million	X	$3 million
Prescription Drug Account	$20 million	$10 million	$20 million
Indiana Health Care Account CHIP match	X $23.1 million	$4.1 million $29 million	$4.1 million $33.6 million
Local Health Maintenance Fund	$1.5 million	$1.3 million	1.4 million
Farmers & Rural Community Impact Account	X	$5 million	$5 million
Biomedical Technology & Research Account	X	X	X
Community Health Centers Capital Costs	$10 million	X	$1 million
Community Health Centers Operations Costs	$15 million	$15 million	$15 million
Regional Health Care Construction Account	X	$14 million	$14 million
Developmentally Disabled Client Services	----------	$13.4 million	$30.3 million
FSSA – Division of Disability and Aging	X	$3 million	$3 million
Totals	**$107.6 million**	**$99.8 million**	**$155.4 million**

Section
3

Indiana Tobacco Use Prevention and Cessation Executive Board

Three kids become daily smokers every hour in Indiana.

Executive Board Structure

The Tobacco Use Prevention and Cessation Executive Board (Tobacco Board) was established by Indiana Code 4-12-4-4. This stipulates the following Board structure:

Five (5) ex officio members:

- The Executive Director (nonvoting member)
- The State Superintendent of Public Instruction
- The Attorney General
- The Commissioner of the State Department of Health
- The Secretary of the Family and Social Services Administration

Eleven (11) members appointed by the governor who possess:

- Knowledge, skill, and experience in smoking reduction and cessation programs, health care services, or preventive health measures

Six (6) members who are appointed by the governor representing the following organizations:

- The American Cancer Society
- The American Heart Association, Indiana Affiliate
- The American Lung Association of Indiana
- The Indiana Hospital and Health Association
- The Indiana State Medical Association
- The Indiana Council of Community Mental Health Centers

The Governor shall designate a member to serve as chairperson. The executive board shall annually elect one of its ex-officio members as vice chairperson. IC 4-12-4-4(i).

Executive Board Members

Karla Sneegas
Executive Director

Bain J. Farris
Chair
Indianapolis

Gregory A. Wilson, M.D.
Vice-Chair, Ex officio
State Health Commissioner

Robbie Barkley
Representing American Heart Association
Indianapolis

Michael Blood, M.D.
At large member
Crawfordsville

Richard Feldman, M.D.
At large member
Beech Grove

Patricia (Pat) Hart
At large member
Muncie

Richard (Dick) Huber
Representing American Cancer Society
Greenwood

Stephen Jay, M.D.
At large member
Indianapolis

Steve Carter
Ex officio member
Attorney General of Indiana

John Hamilton
Ex officio member
Secretary of Family and Social Services

Robert Keen, Ph.D.
Representing Hospital and Health Association
Greenfield

Frank Kenny
Representing American Lung Association

J. Michael Meyer
At large member
Borden

Pamela Peterson-Hines
At large member
Fort Wayne

Steve Simpson, M.D.
At large member
Gary

Alan Snell, M.D.
At large member
South Bend

Mohammad Torabi, Ph.D.
At large member
Bloomington

Peggy Voelz
At large member
Columbus

Alice Weathers
At large member
Evansville

Suellen Reed, Ed.D.
Ex officio member
Superintendent of Public Instructions

Highlights of Executive Board Meetings

July 2000	Board begins development of a five year strategic plan to decrease tobacco use in Indiana based on recommendations and guidelines established by the CDC.
August 2000	Board begins search for Executive Director to lead the staffing agency necessary to carry out the Board's mission.
October 2000	Board approves Mission Statement as required by I.C. 4-12-4-11.
December 2000	Board authorizes appropriation of $750,000 for development and implementation of independent evaluation of overall program.
January 2001	Indiana Tobacco Use Prevention and Cessation Executive Board appoints Karla S. Sneegas as Executive Director and hires J.D. Lux to serve as Deputy Director and General Counsel of the new Agency.
March 2001	Board authorizes appropriation of $2.5 million to the Indiana Alcohol and Tobacco Commission (State Excise Police) to implement a youth access enforcement plan. Board authorizes appropriation of up to $7 million for development and implementation of a statewide comprehensive counter-marketing campaign.
April 2001	Board unanimously passes a resolution in support of increasing Indiana's cigarette tax.
May 2001	Board establishes a $32.5 million budget for each of the next two years. Board places 57% of funding into community based programs. Board establishes a $7.5 million funding allocation for community-based programs effectively establishing a grant available for each county in the state and $2.5 million for minority based partnerships.
July 2001	Board approved the selection of the MZD Advertising and Public Relations Team to implement the Board's advertising and counter-marketing campaign.

Advisory Board Structure

In addition to the Executive Board, IC 4-12-4-16 established an Advisory Board.

I.C. 4-12-4-16

Sec. 16. (a) The Indiana tobacco use prevention and cessation advisory board is established. The board consists of:

(1) the executive director employed under section 6 of this chapter, who shall serve as the chairperson of the advisory board; and

(2) other members appointed by the governor who have knowledge, skill, and experience in smoking reduction and cessation programs, health care services, or preventive health care measures.

(b) The advisory committee shall meet at least quarterly and at the call of the chairperson.

(c) The advisory committee shall, as considered necessary by the advisory committee or as requested by the executive board, make recommendations to the executive committee concerning:

(1) the development and implementation of the mission statement and long range state plan under section 11 of this chapter;

(2) the criteria to be used for the evaluation of grant applications under this chapter;

(3) the coordination of public and private efforts concerning reduction and prevention of tobacco usage; and

(4) any other matters for which the executive board requests recommendations from the advisory committee.

(d) Members of the advisory committee are not entitled to a salary per diem or reimbursement of expenses for service on the advisory committee.

(e) The advisory committee may establish subcommittees as necessary to carry out its duties under this section.

Advisory Board Members

Robert Arnold
Wolcotteville

Cecilia Bordador
Muncie

Arden Christen, D.D.S.
Indianapolis

Diane Clements
Evansville

Bennett Desadier, M.D.
Indianapolis

Steve Guthrie
Anderson

Kiki Luu
Fort Wayne

Heather McCarthy
Griffith

Nadine McDowell
Gary

Steve Montgomery, D.C.P.
Franklin

Diana Swanson, N.P.
Bloomington

Kate Taylor
Muncie

Olga Villa Parra
Indianapolis

Kay Wheeler
Indianapolis

Executive Board Vision and Mission Statements

Our Vision

The Tobacco Use Prevention and Cessation Trust Fund Executive Board's vision is to significantly improve the health of Hoosiers and to reduce the disease and economic burden that tobacco use places on Hoosiers of all ages.

Our Mission

The Tobacco Use Prevention and Cessation Trust Fund exists to prevent and reduce the use of all tobacco products in Indiana and to protect citizens from exposure to tobacco smoke. The Board will coordinate and allocate resources from the Trust Fund to:

- Change the cultural perception and social acceptability of tobacco use in Indiana
- Prevent initiation of tobacco use by Indiana youth
- Assist tobacco users in cessation
- Assist in reduction and protection from environmental tobacco smoke
- Support the enforcement of tobacco laws concerning the sale of tobacco to youth and use of tobacco by youth
- Eliminate minority health disparities related to tobacco use and emphasize prevention and reduction of tobacco use by minorities, pregnant women, children, youth and other at-risk populations.

The Board will develop and maintain a process-based and outcomes-based evaluation of funded programs and will keep State government officials, policymakers, and the general public informed. The Board will work with existing partnerships and may create new ones.

2005 Objectives

Objective	Baseline Measure and Identified Data Source(s)
1) Decrease the overall cigarette smoking rate in Indiana from 27% to 22%.	Indiana's overall cigarette smoking rate is 27%, compared to the national smoking rate of 23%. These baseline data are measured through the 2000 Behavior Risk Factor Surveillance Survey.[10]
2) Decrease the current cigarette smoking rates among 9th to 12th grade students in Indiana.	The cigarette smoking rate of 9th to 12th grade students in Indiana was 31.6% in 2000. These baseline data are provided through the Indiana Youth Tobacco Survey (YTS)[11]. Nationally, cigarette smoking among grades 9th to 12th is 28.5%[12].
3) Decrease the cigarette smoking rates among 6th to 8th grade students in Indiana.	The cigarette smoking rate of 6th to 8th grade students is 9.9%. These baseline data are provided through the Indiana Youth Tobacco Survey (YTS)[13]Nationally, current smoking rates for grades 6th to 8th are 9.2%[13].
4) Decrease the percent of babies born to mothers who smoked during pregnancy in Indiana from 21% to 15%.	In 1999, approximately 21% of Indiana's women smoked during pregnancy. These data are available from the Indiana Birth Certificate Data. This Indiana specific rate compares to the national average of 12%[14].
5) Increase the number of individuals who have access to a smoking cessation benefit through their health insurance coverage.	This objective will be measured in three ways: a. Percent of insurance companies offering smoking b. Percent of employers that offer smoking cessation benefits c. Percent of members that have smoking cessation benefits. The status of these measures in Indiana is currently unknown. Indiana Tobacco Use Prevention and Cessation Executive Board (Tobacco Board) is currently exploring options in gathering these data.

[10] The Behavior Risk Factor Surveillance Survey (BRFSS) is a national survey conducted at the state-level to monitor state-level prevalence of the major behavioral risks among adults associated with premature morbidity and mortality. The BRFSS defines "current smokers" as a person who has ever smoked 100 or more cigarettes. The Indiana State Department of Health conducts the BRFSS.

[11] The Youth Tobacco Survey (YTS) is a national survey endorsed by the Centers for Disease Control and Prevention (CDC) and the American Legacy Foundation. This survey will be conducted in alternating years to produce biannual prevalence rates for youth in grades 6th through 12th. These surveys define "current smoking" as is the student who smoked cigarettes one or more days in the past thirty (30) days.

[12] National Youth Tobacco Survey, 1999

[13] The Youth Tobacco Survey (YTS) is a national survey endorsed by the Centers for Disease Control and Prevention (CDC) and the American Legacy Foundation. This survey will be conducted in alternating years to produce biannual prevalence rates for youth in grades 6th through 12th. These surveys define "current smoking" as is the student who smoked cigarettes one or more days in the past thirty (30) days.

[14] Mathews T. Smoking during pregnancy in the 1990s. National vital statistics repots; vol 49 no 7. Hyattsville, Maryland: National Center for Health Statistics. 2001.

Objective	Baseline Measure and Identified Data Source(s)
6) Increase the number of smokers who receive smoking cessation advice and support when they visit their primary care providers.	According to the 2000 Indiana BRFSS, 72% of adult smokers have ever been advised to quit smoking. The 2000 Indiana YTS data will be used to estimate the number of youth smokers given cessation advice by their primary care providers. At the time of this report, these data were not available.
7) Increase the percentage of retail merchants who are in compliance with youth access laws.	Data from the 1999 Synar checks indicate that Indiana's compliance rate is 76%. In addition, to the Synar data the Tobacco Retailer Inspection Program (TRIP) will become a source of data monitoring routine compliance checks throughout Indiana[15].
8) Decrease the percentage of children exposed to secondhand smoke in their homes.	This baseline measure is currently under development as data from the 2000 Indiana BRFSS are being analyzed.
9) Increase the percentage of schools with policies prohibiting tobacco products on their premises.	Tobacco Board continues to develop this objective and data sources are being identified.
10) Increase the percentage of colleges and universities that have a policy requiring smoke-free dormitories and buildings.	Tobacco Board continues to develop this objective and data sources are being identified.
11) Increase the percentage of day care centers with policies prohibiting tobacco products on their premises.	Tobacco Board continues to develop this objective and data sources are being identified.
12) Increase the percentage of individuals who work in a smoke-free environment.	The 1999 Current Population Survey (CPS) reports 42% of Indiana workers age 15 and older are employed at smoke-free worksites[16]. Indiana ranks 49th among all states in the number workers covered by a smoke-free worksite policy. In addition to these CPS data, the Indiana 2000 BRFSS data is currently being analyzed to estimate: • Number of employees' worksites that prohibit smoking in the building • Number of employees' worksites that prohibit smoking on the premises.

[15] Tobacco Retailer Inspection Program (TRIP) is currently conducted through the Indiana Excise Police. TRIP is a routine surveillance system that inspects tobacco retailers throughout the year. The Synar amendment requires States to conduct compliance checks once a year.

[16] Shopland D, Gerlach K, Burns D, Hartman A, Gibson J. State-specific trends in smoke-free workplace policy coverage. The Current Population Survey Tobacco Use Supplement, 1993 to 1999.

Objective	Baseline Measure and Identified Data Source(s)
13) Increase the percentage of restaurants that are totally smoke-free.	Tobacco Board's community-based partners will be collecting these data in 2002.
14) Monitor the percent of hospitalization admissions attributable to smoking or tobacco use-related illnesses.	Tobacco Board continues to develop this objective and data sources are being identified.
15) Monitor tobacco-related deaths.	Tobacco Board continues to develop this objective and data sources are being identified. It is estimated that in Indiana 10,300 persons die each year from tobacco[17].
16) Monitor tobacco consumption.	Indiana's per capita consumption is approximately 162 packs per year per Indiana resident age 18 and older[18]. This calculation is based on the amount of cigarette tax collected annually and applying population statistics from the 2000 census. Currently, the Indiana Department of Revenue (DOR) collects data on the volume of cigarettes and other tobacco products sold.
17) Measure knowledge and attitudes related to tobacco.	Tobacco Board continues to develop this objective and data sources are being identified.
18) Reduce health care expenditures.	Tobacco Board continues to develop this objective and data sources are being identified.
19) Monitor the number and type of tobacco-related ordinances.	Tobacco Board's community-based partners will be collecting these data in 2002.

[17] Centers for Disease Control and Prevention, Investment in Tobacco Control: State Highlights-2001. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2001.
[18] Based on $109.5 million in cigarette tax revenue, SFY 2001.

Section 4

Indiana's Comprehensive Tobacco Control Program

Indiana has the 4th highest smoking rate in the U.S.

Media / Counter-marketing

Purpose

Counter-marketing activities strive to offset pro-tobacco influences and increase pro-health messages and influences throughout a state, region, or local community. Counter-marketing consists of a wide range of efforts, including paid television, radio, billboard, and print counter-advertising at the state and local level; media advocacy and other public relations techniques using such tactics as news releases, news conferences, media outreach, media tours, editorial materials, featured stories, local events, and health promotion activities; and efforts to reduce or replace tobacco industry sponsorship and promotions. Counter-marketing activities can promote smoking cessation and decrease the likelihood of initiation. They also can have a powerful influence on public support for tobacco control interventions and set a supportive climate for school and community efforts.

Indiana's Effort

In March of 2001 the Executive Board authorized the Tobacco Agency to solicit proposals by issuing a Broad Agency Announcement (BAA) through the Indiana Department of Administration (IDOA) for the purpose of selecting the appropriate advertising and public relations firm or group of firms to implement the counter-marketing component of the Board's comprehensive program. The BAA was published by IDOA on April 19, 2001. The deadline for submitting a proposal was June 4.

An evaluation team was formed made up of Executive and Advisory Board members, as well as Tobacco Agency staff and national experts. After careful review and consideration, the evaluation team ultimately recommended a group of firms and consultants headed by Indiana-based MZD Advertising, LLC. The MZD team includes:

- The Nixon Group – Nationally recognized public relations agency that specializes in youth coalition training, youth and adult public relations and teen summit planning.
- Promotus Advertising – A minority-owned firm that will provide an expertise in developing culturally appropriate advertisements and effective placement of advertising and public relations efforts.
- Chuck Wolfe – A national tobacco control consultant who began the Florida "Truth" campaign and was the first executive director of American Legacy Foundation.

Initial plans are to implement an "interim" campaign beginning in September 2001 and running through the end of the year. The interim campaign will utilize existing advertisements that have been proven to be effective in other states. During the interim, MZD will conduct focus

group sessions throughout Indiana with diverse people of all ages and identify the most effective counter-marketing advertising specific to Indiana communities. In January 2002, the Indiana-specific media campaign will launch with new creative materials for radio, television, billboard and print advertising. This will also include a concentrated state public relations campaign.

Community Programs

Purpose

To achieve the individual behavior change that supports the nonuse of tobacco, communities must change the way tobacco is promoted, sold, and used while changing the knowledge, attitudes, and practices of young people, tobacco users, and nonusers. Effective community programs involve people in their homes, work sites, schools, places of worship and entertainment, civic organizations, and other public places. Evaluation data show that funding local programs produces measurable progress toward statewide tobacco control objectives.

Indiana's Efforts

Indiana's Best Practice Model is based on best practices that have emerged from those model state programs that are demonstrating the most success in reducing tobacco use. The characteristics of effective community-based programs have been used successfully in several states funded by tax initiatives, by federal agencies including the National Cancer Institute and Centers for Disease Control and Prevention, and nationwide by foundations such as the Robert Wood Johnson Foundation. From these experiences, best practices have emerged for implementing comprehensive and effective community-based programs

Indiana's Best Practice Model falls into the following four priority areas:

- Building Strong Community-Based Partnerships including Diverse Partnerships
- Protecting Hoosiers from Exposure to Environmental Tobacco Smoke
- Reducing Youth Initiation and Access to Tobacco
- Promoting and Using Cessation Resources

These four priority areas will act together to change social norms around tobacco use. If we are successful in addressing these priority areas, then we will be successful in changing the cultural perception and social acceptability of tobacco use in Indiana. Community actions should be based on assessment, and should lead to changes in the cultural perception and social acceptability of tobacco use in Indiana. These changes in community norms are the result of both prevention and

cessation interventions and will often be best accomplished through a combination of community action and improved public health policies.

The Indiana Tobacco Use Prevention and Cessation Executive Board has a commitment to help address the tobacco-related health disparities among under-served and disadvantaged populations. In addition to making available $2.5 million to support specific community-based efforts through minority organizations, local community-based partnerships are expected to involve groups in their community that are working with populations that are disproportionately affected by the consequences of tobacco use.

In line with actualizing the Tobacco Board's vision and priority area of community-based and minority-based program funding, the Tobacco Agency staff conducted five Community Informational Meetings between the dates of July 12 - 18. 209 people from 89 counties attended the meetings.

To reiterate and expand upon the introduction to the Tobacco Board's vision for community-based and minority-based funding that was made at the Community Informational Meetings, the Tobacco Agency staff, with the help of the American Cancer Society, conducted ten "Communities of Excellence" workshops around the state, designed to instruct communities on best practices for local tobacco coalitions and tobacco prevention and cessation. A significant portion of each workshop was devoted to an explanation of the Tobacco Board's funding and application process and timeline. The workshops utilized a guide and program developed by the ACS, which has been used in forty-six states thus far to aid in the development of communities of excellence in tobacco control. The workshops were held from August 2-10 and 360 persons attended them.

Communities are now in the process of developing their grant proposals. The goal for submission is October 1, 2001. The Tobacco Agency staff is committed to working with communities and partnerships to develop applications that reflect the greatest potential impact on tobacco use rates for youth and adults.

Enforcement

Purpose

Enforcement of tobacco laws can deter violators and sends a message that community leaders believe these policies are important for protecting Indiana's youth. Youth who do not use tobacco products by the age of 19 are less likely to start later in life. Enforcement of Indiana's tobacco laws deters youth from trying to obtain tobacco products and retailers from illegally selling tobacco products to minors.

Indiana's Efforts

In May 2001, the Tobacco Use Prevention and Cessation Board approved a budget that allows for $2 million for enforcement of Indiana's tobacco laws. The Indiana Tobacco Use Prevention and Cessation Board (Tobacco Board) and the Indiana Tobacco Prevention and Cessation Agency (Tobacco Agency) signed a Memorandum of Understanding (MOU) with the Indiana Alcohol and Tobacco Commission (ATC) to investigate and enforce Indiana's tobacco laws. This funding allows the ATC to:

- Conduct training for retail owners and clerks to prevent the sales of tobacco to minors.
- Hire up to 13 additional state excise officers and administrative support staff and provide training for law enforcement on the investigation and enforcement of Indiana's tobacco laws.
- Purchase equipment for investigating and enforcing tobacco laws.
- Conduct a minimum of 375 tobacco retail inspections each month.
- Contract with various local law enforcement agencies and/or officers to assist in enforcing tobacco laws.
- Maintain a list/database of retailers in Indiana who sell tobacco products.
- Promote to the public and news media those retailers and vendors who violate and those who consistently comply with Indiana's tobacco laws.
- Produce and distribute written material relating to the sale of tobacco products to minors and Indiana's tobacco laws.

The Indiana Alcohol and Tobacco Commission have started a statewide toll free number to report retailers and vendors who violate Indiana's tobacco laws. Citizens who witness illegal sales of tobacco products to minors can call 1-866-2STOPEM. All calls are confidential.

Evaluation

Purpose

A comprehensive tobacco control program must have a strong evaluation component in order to measure program achievement, improve program operations, manage program resources and ensure funds of utilized effectively, and to demonstrate accountability to policymakers and other stakeholders. Program evaluation is conducted in two ways: Surveillance and Evaluation research. Surveillance is the monitoring of tobacco-related behaviors, attitudes, and health outcomes in which data is collected on a routine basis. Evaluation research employ surveys or data collection systems specifically designed to measure specific program activities. These two methods complement each other to allow program administrators to assess progress toward program objectives.

Indiana's Efforts

In May 2001, the Executive Board approved that 10 percent of Indiana's comprehensive tobacco control program's budget be used for program evaluation. This funding percentage for evaluation efforts is consistent with the Centers for Disease Control and Prevention's (CDC) Best Practices guidelines. This also demonstrates the Executive Board's commitment to conduct effective programs.

The Tobacco Agency has developed partnerships with other State agencies, such as the Indiana State Department of Health, to utilize and enhance tobacco-related health data currently collected on Hoosier adults. To assess youth tobacco behaviors, the Tobacco agency will utilize the Indiana Youth Tobacco Survey (YTS). The Tobacco Agency will be using these data to establish tobacco use prevalence, as well as other indicators for Indiana's youth.

In addition to partnering with these current surveillance activities, the Tobacco Agency will be contracting with an independent Evaluation and Research Coordinating Center. In July 2001, the Executive Board authorized the Tobacco Agency to solicit proposals for this work. This Evaluation Center will assist Tobacco Agency staff in developing and implementing an evaluation plan for Indiana's comprehensive program; coordinate with other tobacco surveillance activities around the State; and perform evaluations on specific program activities. The Tobacco Agency plans to review proposals and select a vendor in the Fall 2001.

Administration / Management

An effective tobacco control program requires a strong management structure.

Experience in other states has shown the importance of having all of the program components coordinated and working together. Because a comprehensive program involves multiple state agencies (e.g., health, education, and law enforcement) and levels of local government, as well as numerous health-related voluntaries, coalitions, and community groups, program management and coordination is a challenging task. Furthermore, coordinating and integrating major statewide programs, such as counter-marketing campaigns with local program efforts require adequate staffing and communication systems.

Finally, state agencies need sufficient contract administration staff to provide fiscal and program monitoring.

Section 5

Budget

Tobacco use costs Hoosier residents more than $1.6 billion each year in medical costs.

Budget

Budget Item	Fiscal Year 2002	Percent of Budget	Proposed Fiscal Year 2003	Percent of Proposed Budget
* STATEWIDE MEDIA CAMPAIGN	$7,000,000	22%	$7,000,000	22%
* ENFORCEMENT OF YOUTH ACCESS	$2,000,000	6%	$2,000,000	6%
* COMMUNITY BASED PROGRAMS	$18,625,000	57%	$18,625,000	57%
1. Local Community Based Partnerships	[$7,552,000]		[$7,552,000]	
2. Minority Based Partnerships	[$2,500,000]		[$2,500,000]	
3. State, Regional and Pilot Partnerships	[$7,500,000]		[$7,500,000]	
* Training				
* Technical Assistance				
* Statewide Quit Line				
* Clearinghouse for Materials				
* School Linked Efforts				
* Pilot Programs and Projects				
4. Emerging Programs	[$1,073,000]		[$1,073,000]	
* EVALUATION	$3,250,000	10%	$3,250,000	10%
* ADMINISTRATION/MANAGEMENT	$1,625,000	5%	$1,625,000	5%
TOTALS	$32,500,000	100%	$32,500,000	100%

(approved May 17, 2001)

STATEMENT OF RECEIPTS, DISBURSEMENTS AND CASH AND INVESTMENT BALANCES
For the Year Ended June 30, 2001

Cash and Investments, July 1	$0.00
Receipts:	
Interest - Investments	1,966,674.99
Net Appropriations (Note 3)	35,000,000.00
Total Receipts	36,966,674.99
Disbursements:	
Personnel Services	105,127.25
Legal Advertising & Local Phone	865.78
Contract Services	8,959.86
Materials and Supplies	162.78
Telecommunications Equipment	6,837.53
Travel	11,533.06
Total Disbursements	133,486.26
Excess of Receipts over (under) Disbursements	36,833,188.73
Cash and Investments, June 30	$36,833,188.73

The accompanying notes are an integral part of the financial statement.

June 30, 2002

Note 1. Summary of Significant Accounting Policies

A. Introduction

The Indiana Tobacco Prevention and Cessation Agency is part of the executive branch of government. As an agent of the Indiana Tobacco Use Prevention and Cessation Executive Board, the Agency is responsible for expending funds and making grants to significantly improve the health of the citizens of the State of Indiana by overseeing the development of tobacco use prevention and cessation programs throughout the State.

B. Reporting Entity

The Indiana Tobacco Prevention and Cessation Agency was created by IC 4-12-4, to establish policies, procedures, standards, and criteria necessary to carry out the duties of the staff of the executive board. Funds needed to operate the Agency are obtained through appropriation by the General Assembly from the Master Settlement Agreement IC 24-3-3-6. The Agency received its initial funding during fiscal year 2000-2001, with a $35 million dollar appropriation.

Note 2. Deposits and Investments

Deposits, made in accordance with IC 5-13, with financial institutions in the State of Indiana at year-end were entirely insured by the Federal Depository Insurance Corporation or by the Indiana Public Deposit Insurance Fund. This includes any deposit accounts issued or offered by a qualifying financial institution. The Treasurer of State shall invest money in the fund not currently needed to meet the obligations of the fund.

Note 3. Net Appropriation

Appropriations presented are net of reversions to the Indiana Tobacco Use Prevention and Cessation Trust Fund at year-end.

TOBACCO USE PREVENTION & CESSATION AGENCY
DRAFT ORGANIZATIONAL DESIGN / WORK FLOW PLAN
Indiana State Personnel Department Customer Services Division March 8, 2001 (AOA/SBN)